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ABSTRACT

Previous research regarding the supervision of psychotherapists has been primarily based on the perceptions of supervisors and supervisees at various levels of experience. This national survey examines the attitudes and beliefs of experts in the field of supervision concerning what constitutes effective supervision. A number of themes and recommendations were noted in the survey including an emphasis on the supervisory relationship, a commitment to supervision, and the adoption of a supervisory stance. The results point to the need for clearly articulated tasks and procedures; attention to developmental levels; accepting responsibility for evaluation and feedback; and developing a clear notion of desired outcomes. The opinions expressed in the survey describe the goal of effective supervision to be the development of a facilitative supervisory relationship characterized by empathy; warmth; trust; mutual respect; and flexibility. Appendix includes a copy of the survey. (Contains 4 tables and 61 references.) (JDM)

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Running Head: EFFECTIVE SUPERVISION

What is effective supervision?: A national survey of supervision experts

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Abstract

Previous research regarding the supervision of psychotherapists has been based primarily on the perceptions of supervisors and supervisees at various levels of experience. In this national survey, the attitudes and beliefs of supervision "experts" in regards to the provision of effective supervision were examined. Results indicated a number of themes and recommendations further augmenting the literature related to effective supervision including an emphasis on the supervisory relationship, a commitment to supervision and an adoption of a supervisory stance, clearly articulated tasks and procedures, attention to developmental level, accepting responsibility for evaluation and feedback, and clear notions of the outcomes desired through supervision and methods to evaluate these outcomes.

What is effective supervision?: A national survey of supervision experts

The field of psychotherapy supervision has been described as maturing into "adolescence" (Bernard & Goodyear, 1998, p. xii) and is now becoming recognized as "the critical teaching method" (Holloway, 1992, p. 177) for the development of professional skills and identity in the training of counselors and psychologists. Increasingly, supervision standards and requirements are being delineated by accrediting bodies and state licensing boards as training in supervision skills is becoming a recognized field of study in its own right. This trend is reflected in the newly endorsed Model Training Program in Counseling Psychology (Murdock, Alcorn, Heesacker, & Stoltenberg, 1998), which identifies "supervision and training" as one of ten basic competency areas in the training of counseling psychologists. Perhaps in response to recent changes in accreditation criteria in which training in supervision is a required content area (American Psychological Association, 1996), a recent survey of APA approved professional psychology programs (Scott, Ingram, Vitanza, & Smith, 1998), reported that half of the programs now either require (30%) or offer as an elective (20%) a didactic course in supervision. A similar percentage requires (23%) or offers as an elective (31%) a practicum in supervision. This is even more strongly evident in the field of counseling psychology, where 85% of programs either offer or require a course in supervision (Scott, et. al., 1998). In an earlier survey (Leddick & Stone, 1982), it was found that only 1/3 of counselor preparation programs offered training in supervision. Thus, it appears that training in supervision is receiving wider recognition as an important element of effective preparation for practice as counselors and psychologists. With this increasing acknowledgment of the importance of supervision, it is important for us to understand what comprises effective supervision.

In examining the literature regarding effective supervision two clear themes emerge: 1)

the importance of the supervisory relationship in promoting a facilitative learning environment and effective outcomes in supervision (Ellis & Ladany, 1997), and 2) the focal tasks that lead to counseling competency. In addition, a number of structural factors appear to result in more positive perceptions of the supervisory process.

Good supervisory relationships consist of warmth, acceptance, respect, empathy, understanding, trust, and a strong emotional bond (Hutt, Scott, & King, 1983; Ladany, Ellis, & Friedlander, 1999; McCarthy, Kulakowski, & Kenfield, 1994; Miller & Oetting, 1966; Shanfield, Mohl, Matthews, & Heatherly, 1992; Unger, 1999; Worthen & McNeill, 1996). An effective supervisory relationship also encourages thoughtful experimentation and reflection on "mistakes" so that they can become learning opportunities (Allen, Szollos, & Williams, 1986; Hutt et al., 1983; Nelson, 1978; Rønnestad & Skovholt, 1993; Worthen & McNeill, 1996). In summarizing the literature on gender and the supervisory relationship Goodyear and Bernard (1998) concluded, "gender likely affects the quality of the supervisory relationship, although the particular patterns of these effects are not yet fully understood" (p.11). When it comes to race and ethnicity and the supervisory relationship, the findings are mixed as to whether matching supervision dyads for race and ethnicity affects the quality of the relationship. It appears that there may be complex factors effecting the relationship rather than simple race or ethnic matching (Ellis & Ladany, 1997).

Other relationship factors that appear to be important for good supervision include factors related to effective evaluation. Lehrman-Waterman & Ladany (2001) found that effective goal setting and feedback, the central elements of evaluation, strengthen the supervisory relationship. Others have found that supervisee interest and openness to feedback and suggestions contributes to satisfaction in supervision (Allen, Szollos, & Williams, 1986; Frame & Stevens-Smith, 1995;

Hahn & Molnar, 1991; Hendersen, Cawyer, & Watkins, 1997). Evaluation can also be skewed by the nature of the supervisory relationship. Turban, Jones, and Rozelle (1990) found that when supervisors liked their trainees they provided more support, more effort and more positive evaluations.

When evaluation is conducted within a supportive relationship, self-disclosure is facilitated (Lehrman-Waterman & Ladany, 2001). Supervisor and mutual self-disclosure are associated with positive supervision experiences, play a critical role in the supervisory relationship, and may be pivotal in creating and maintaining a learning environment at critical points in supervision (Black, 1988; Hutt et. al., 1983; Nelson, 1978; Worthen & McNeill, 1996; Worthington & Roehlke, 1979).

The most consistent stated outcome in conducting "good" supervision identified in previous studies is helping the trainee develop their counseling skills (Heppner & Roehlke, 1984; Kennard et al., 1988; Worthington, 1984; Worthington & Roehlke, 1979). But approaching this task may vary depending upon the experience level of the supervisee. Typically, beginners desire more structure (Stoltenberg, McNeill, & Crethar, 1994; Tracey, Ellickson, & Sherry, 1989; Worthington & Roehlke, 1979), although Tracey et. al. (1989) found that urgency of client condition was a strong moderating influence on desire for structure. This structure includes developing intake skills (Heppner & Roehlke, 1984), didactic training on how to counsel (Worthington & Roehlke, 1979), and more time spent on developing self-awareness (Nelson, 1978). Advanced trainees desire assistance with developing alternative conceptualization skills (Heppner & Roehlke, 1984), more emphasis on personal development than technical skills, working within a cohesive theory, and clear communication about expectations (Allen et al., 1986). Interns and more experienced supervisees want to examine more personal issues such as

countertransference (Heppner & Roehlke, 1984; Rabinowitz, Heppner, & Roehlke, 1986; Winter & Holloway, 1991). Worthington (1984) also found that higher satisfaction ratings were correlated with helping trainees develop self-confidence.

Structural factors also have been found to contribute to positive perceptions of supervision. Structural discriminators of quality have included longer duration of training, more weekly contact time, more frequent contacts per week, and that good quality supervision experiences occurred later in the training sequence (Allen et al., 1986). Nelson (1978) also found trainees preferred supervisors who showed interest in supervision, had experience as a therapist and were conducting regular therapy, and possessed technical or theoretical knowledge. Theoretical similarity has also predicted perceived supervisor effectiveness (Putney, Worthington, & McCullough, 1992), suggesting that theoretical influence and matching may play some role in satisfaction

As previous research on effective supervision has been primarily based on the perceptions of supervisors and trainees at various levels of experience, the time seems ripe for examining the attitudes and beliefs of "experts" in supervision regarding providing effective supervision. Through an examination of those well versed in supervision, we can begin to explore and establish standards of practice for the field at this stage of understanding. Issues regarding supervision effectiveness, outcomes, ethical concerns, evaluation, negative experiences, important literature, multicultural counseling competencies, supervision as art or science, process versus outcome orientation, and the role of theory are central to understanding the current state and practice of supervision. Thus, an examination of the beliefs and practices of experts can potentially inform training efforts and encourage further research endeavors.

Although several surveys have been conducted examining the practice of supervision,

such as understanding program practices or prevailing practices of supervisors or supervisees (Borders & Leddick, 1988; Freeman & McHenry, 1996; Hess & Hess, 1983; Leddick & Stone, 1982; McCarthy et al., 1994; Nelson, 1978; Romans, Boswell, Carlozzi, & Ferguson, 1995; Scott, et. al., 1998), none have explored the actual beliefs and practices of experts in supervision. Consequently, the purpose of the present study was to build upon what the accumulated literature suggests regarding aspects of effective supervision from the perspectives of trainees and practicing supervisors by examining the beliefs and practices of two sets of experts, literature experts and training experts. The assumption is that supervision experts should be implementing the best in supervisory practice and that their beliefs and behavior can help inform actual practice.

Method

Participants

Supervision experts: Literature. Thirty-four experts from the literature were identified and sent surveys. "Expert" was defined as someone who had published at least two articles and/or chapters within the past 20 years (1979-1999) on the topic of supervision. The following publications were reviewed to identify experts, The Journal of Counseling Psychology, Professional Psychology: Research and Practice, Counselor Education and Supervision, and The Clinical Supervisor as well as the edited Handbook of Psychotherapy Supervision (Watkins, 1997) and other supervision books published within the past 20 years. A few authors were omitted, since it appeared that their publications might have only focused on training issues in general and not specifically on supervision. Eighty-two percent of the experts who responded graduated from an APA approved program. The majority of these respondents were from counseling psychology programs (76.5%), with clinical psychology representing 11.8%,

counselor education 5.9% and other 5.9%. These experts had been providing supervision for an average of 19.8 years (SD = 6.74), and supervised an average of 147.9 trainees each (SD = 83.93; range = 50 - 300; Mdn = 100). On these two experience variables, the literature experts had significantly more experience than the training experts: years providing supervision F (1, 255) = 4.44, p < .041; number of trainees supervised F (1, 104952) = 38.79, p < .000. The majority had taken a class in supervision (56.3%; N = 9), while 68.8 % (N = 11) stated that they had taught a class in supervision.

Supervision experts: Training Directors. A list of training directors was obtained from the Association of Counseling Center Training Agencies (ACCTA) (N = 128). Seventy-eight percent graduated from an APA approved program. The majority of these respondents were from counseling psychology programs (58.3%; N = 21), with clinical psychology representing 13.9% (N = 5), unknown 19.4% (N = 7) and other 8.3% (N = 3). These experts had been providing supervision for an average of 13.96 years (SD = 7.83), and supervised an average of 41.6 trainees each (SD = 26.42; range = 13 - 125; Mdn = 35.0). Fifty-four percent (N = 19) reported that they had taken a class in supervision, while 22.9% (N = 8) stated that they had taught a class in supervision.

Procedure

A questionnaire and return envelope were sent to both the literature experts and the training experts late in the spring of 1999. A follow-up questionnaire was sent the following fall. The overall return rate was thirty-three percent (N = 53). Literature experts had a 50% return rate (N = 17; 6 women, 11 men; 16 European-Americans, 1 Hispanic), while training experts had a 28.0% return rate (N = 36; 21 women, 14 men, 1 blank; 33 European-Americans, 1 Asian-American, 2 Hispanic).

Measure

The Supervision Beliefs and Practices Survey (See Appendix) was created for this study by including a global survey of supervision issues. The format of the questionnaire included a variety of response formats e.g., open-ended questions, anchored items, listing items, etc. The survey item domains covered issues regarding supervision effectiveness, outcomes, ethical concerns, evaluation, negative experiences, important literature, multicultural counseling competencies, supervision as art or science, process versus outcome orientation, and the role of theory. This format was used to elicit information about beliefs and practices of experts from an exploratory rather than a confirmatory perspective. Demographic items gathered included: gender, race, field of study, years providing supervision, how many people supervised, supervision experiences, etc.

Results

Data analysis followed an inductive content analysis procedure similar to the one outlined by Patton (1990), where categories, patterns, and themes were identified from the data for all open-ended questions. Simple descriptive statistics were also used, as well as ANOVAs for semantic differential items, experience variables, and estimations on positive, negative, and neutral supervision experiences.

Recommendations for providing effective supervision

This content area was obtained by asking for the "three most important recommendations for effective supervision." Six general themes and eleven subthemes were identified from a total of 152 responses (Table 1). Responses grouped under the theme labeled "Procedural" were over twice as likely to be noted by training experts than literature experts. Both percentages of themes and subthemes are listed to give an indication of the frequency items were mentioned.

Common problems leading to negative supervision experiences

These themes were generated from the responses to the question asking about the "three most common problems leading to negative supervision experiences." Six themes and 13 subthemes were identified from a total of 151 responses (Table 2). Training experts identified items relating to a "Neglecting Authority Role" theme almost three times more often than literature experts. This was also true of the subtheme "lack of training" under the theme "Supervisor Issues." Four literature experts noted impairment issues under the "Supervisor Issues" theme, while only one training expert stated this as a problem.

Recommended readings for supervisors

Table 3 lists the top ten recommended readings for supervisors, which included those readings endorsed three or more times. Along with these top ten, 36 other specific readings were mentioned along with several general resources (e.g., ethical guidelines, multicultural readings, supervision journals, etc.). It might be noted that the most recommended reading received 20 endorsements, which represented thirty-eight percent of the respondents. Only three experts, representing six percent in each case, identified five out of the top ten, suggesting either unfamiliarity with the supervision literature or a wide divergence in the literature of supervision considered important.

Factors influencing development as a supervisor

This item was generated by having experts list the two most important influences in their development as a supervisor. Three general clusters influencing development as a supervisor were identified from a total of 107 responses: Supervisors – good and bad (36.4%), course/readings (25.2%), and mentors/colleagues (20.6%). An "other" category included 17 responses (15.9%) and consisted of items such as "experiencing own therapy," "providing

supervision," and "conducting research on supervision."

Supervision topics that need further investigation

Experts were asked about supervision topics we know too little about. As might be expected there was a broad range of responses. Nine categories were identified as well as an "other" category, based on a total of 116 responses. The nine categories consisted of the following from most to least represented: supervision outcomes (19.8%) (e.g., the effect of supervision on client outcomes, what constitutes successful supervision), multicultural and diversity issues (19.4%) (e.g., effects of culture, race, gender, sexual orientation, etc.), process issues (13.8%) (e.g., facilitating reflection, dealing with termination issues, dealing with anger in supervision, etc.), ethics (12.1%) (e.g., supervision and therapy boundary issues, multiple roles, sexual attraction, etc.), measuring and evaluating supervision (7.8%) (e.g., how to measure progress, how to evaluate, supervisor resistance to evaluating supervisees, etc.), developmental issues (6.0%) (e.g., supervisor development, development of post Ph.D. professionals, etc.), matching issues (6.0%) (e.g., theoretical differences, best dyads for learning, etc.), relationship factors (6.0%) (e.g., effects of ruptures in alliance, transference and countertransference in supervision, etc.), and supervision models (4.3%) (e.g., models of group supervision, "whys" of the theory, etc.). The other category (6.9%) consisted of items such as "supervision of supervision," "limitations of treatment options," and "supervisee ratings of most important supervision activities." Four respondents did not complete this item.

Common ethical issues addressed in supervision

There were 77 total responses to the item asking about the most common ethical issues addressed in supervision. Eight categories were identified along with an "other" category. Three respondents left this item blank. The eight categories from most to least included: client welfare

and supervisee competency (19.5%) (e.g., good client care when supervisee is struggling, relying on self-report data, ability to handle client problems, etc.), boundary issues (18.2%) (e.g., maintaining effective personal boundaries, how much self-disclosure is appropriate, understanding the differences between therapy and therapeutic supervision, etc.), confidentiality and informed consent (16.9%) (e.g., when to breach confidentiality, release of information, informed consent about treatment, etc.), mandated reporting (10.4%) (e.g., reporting abuse, duty to warn, etc.), multiple roles (10.4%), liability concerns (9.1%) (e.g., poor record keeping, issues around taping sessions, etc.), high risk situations (7.8%) (e.g., suicidal clients, hospitalization, danger to others, etc.), and follow-up (3.8%) (e.g., making sure referrals take, abandonment issues, attention to follow-up). The other category consisted of three responses regarding how to teach/model corrective learning, supervisee motivations for career, and bad supervisors.

Activities to increase multicultural counseling competencies

The question regarding efforts used to increase multicultural counseling competencies yielded 102 responses that were divided into 5 categories and an "other" category. These are listed from most too least used: didactic education (33.3%) (i.e., readings, seminars, labs, and inservices), discussion of client characteristics in supervision (32.4%) (e.g., culture, ethnicity, gender, sexual orientation, etc.), exploring personal experiences with diversity (19.6%) (e.g., self-exploration, personal therapy, evaluating assumptions, etc.), insuring a diverse counseling caseload (5.9%), and providing diverse supervisors or consultants (5.9%). The "other" category consisted of three responses, "develop multicultural guidelines for supervision," "see people as people," and "I don't do this well." Two respondents did not complete this item.

Supervision as art or science

Two questions comprised this issue, one asking about their belief regarding whether

supervision as currently practiced was more art or science and a second question asking whether supervision should ideally be practiced as more art or science. These questions were designed to gain a sense of the role of science in informing supervision. The question was ordered on a ten-point scale from art on one end to science on the other. There was no difference between literature and training experts on the current state of supervision (M = 4.2; SD = 1.50; N = 51). There was a significant difference between the experts on the ideal state of supervision (ANOVA = .046), with a mean of 6.3 (SD = 1.68) for literature experts and 5.3 (SD = 1.37) for training experts, suggesting that the literature experts believe the practice of supervision should be more informed and guided by science than training experts, although both seemed to agree that some balance is necessary. The difference between belief in current practice and ideal practice was also significantly different for the combined groups (t = .000), with a total mean of 4.2 for the current practice and 5.6 for ideal practice, indicating that for both groups, supervision should be practiced with more of an informed scientific approach than is currently in place.

To what degree is supervision guided by theory

This question inquired as to how much experts were guided by theory in providing supervision, again using a 10 point scale with an anchor of "none" on one end and "completely" on the other. Experts also differed on this item (ANOVA = .002), with literature experts being guided more by theory than training experts (literature experts; M = 8.0; SD = 1.17; training experts; M = 6.4; SD = 1.85). A follow-up question inquired "if they were guided by a theory, which theory did they prefer." A total of fifty responses were obtained, with some form of developmental model endorsed by 62% of the respondents, object relations/psychodynamic by 12%, and eclectic/composite models by 6%. The Discrimination model, working alliance model, and Kell and Mueller's ideas each received endorsements by 4%, and there were four other

models/theories mentioned by 8% of respondents. Three respondents did not answer this item.

Negative supervision experiences

Experts were asked whether they had ever had a negative supervision experience and if so, how many. There was no difference between groups on this item. The combined experts reported 76.9% had at least one negative experience, with the mean number of negative experiences being 1.9 (SD = 1.5). Because of the way the question was stated it cannot be determined whether these experiences were from the same supervisor or from multiple supervisors.

Estimated occurrence of positive, negative, and neutral supervision experiences

In a related question to the one regarding negative supervision experiences, experts were asked to estimate to what extent they believed supervision experiences were positive, negative, or neutral. There were no differences between experts. They indicated that they believed 61.9% (SD = 18.70; range = 25 - 95%) of experiences were positive, 16.1% (SD = 10.51; range = 0 - 50%) were negative, and 21.4 (SD = 13.19; range = 0 - 60) were neutral. It should be noted that there was a wide range of responses to these items.

Should supervision focus more on process or outcome

This question was investigated by using a 10 point scale with "process" as an anchor on one end and "outcome" on the other. There was no difference between the experts. The experts had a mean of 4.7 (SD = 1.44) indicating a slight orientation towards focusing on process versus outcome.

Outcomes of effective supervision

This content area was obtained by having experts list the 3 most important outcomes expected from effective supervision. Four themes and seven subthemes were identified based on

150 responses (Table 4). Training experts were twice as likely to generate items related to the theme "Increased self-awareness."

Evaluating effective supervision

This item was explored by asking about the most effective methods for evaluating supervision as well as recommended procedures and instruments. The question regarding methods of evaluation produced 75 responses that were divided into 5 categories and an "other" category as well as 5 responses that stated either they did not know of any effective methods or were unclear how to evaluate effectively. These categories are listed from most too least used: objective measures (24.0%) (e.g., measuring goal attainment with specific measures, use of the OMART, ratings, etc.), self reports/self evaluations (21.3%) (e.g., supervisee and supervisor satisfaction, reports of effectiveness, reactions of supervisees, etc.), supervision interviews/feedback (14.7%) (e.g., ongoing feedback, meetings to discuss supervisory relationship, issues discussed in an interview, etc.), evaluating client outcome (12.0%) (e.g., client ratings of helpfulness, client improvement ratings, outcome data, etc.), evaluating video/audio taped sessions (12.0%), and "other" (9.3%) (i.e., formal case presentation, examining confidence, factors measured rather than methods).

Instruments or procedures used in evaluation generated 59 responses. Instruments comprised 49.2% of the responses and were divided into two categories: in-house instruments (37.3%) and formal instruments (11.9%, Role Conflict and Role Ambiguity Inventory, Supervisory Styles Inventory, Working Alliance Inventory, Supervision Questionnaire, Swain and Hess Rating Scale, Aldrich and Hess Rating Scale). Literature experts mentioned all of the formal instruments. There were ten different procedures listed which comprised 27.1% of the responses. The procedures with multiple responses consisted of: reviewing videotapes (6.8%),

ongoing discussion/feedback (5.1%), and assessing client outcomes (3.4%). The following were mentioned only once: conducting time series measures to determine changes, assessing critical incidents, narrative reports, peer review, semi-structured interviews, single subject intensive observations, and assessing accomplishment of supervision plans.

Discussion

The beliefs and practices of experts can be used as a measuring stick for a standard of practice for supervision at this point. From this study, the two predominant recommendations for providing effective supervision encompassing 49% of responses were non-technical in nature; developing an effective supervisory relationship, and an attitude and approach to supervision that takes this enterprise seriously. These findings are similar to previous studies (Allen et al 1986; Shanfield et al, 1992) and continue to validate the importance of the supervisory relationship. The other responses referred to the specific tasks, procedures or theoretical approaches and understanding of the supervisor role.

In regards to factors that contribute to negative supervision experiences, over one-third of the responses indicated that issues deriving from the supervisor are primary. This was endorsed twice as much as the second most prevalent theme, supervisee issues. Three other themes also pointed towards problems related to the supervisor including mismatches, unsafe environments, and neglecting the authority role. Negative experiences arising from supervisee characteristics accounted for about one-fifth of responses. Thus, it appears that much of the remediation or prevention of negative supervisory experiences should be directed towards more effective training of supervisors.

In relation to the question of training, experts state that the most important influences in their development as supervisors are other supervisors, which has been found previously (Guest

& Beutler, 1988), courses and readings, and mentors/colleagues. Since supervisors are a critical influence on the development of future supervisors, and since they also seem to be the source of most supervision difficulties, efforts to monitor and evaluate the effectiveness of supervision should be instituted to insure good quality supervision.

Although three-fourths of experts experienced at least one negative experience in their supervision, it would be inappropriate to conclude that every negative experience is counter-productive. At times, negative supervision events are powerful learning experiences with positive outcomes. Although we acknowledge that negative experiences in supervision can produce positive outcomes, generally negative experiences hamper the learning environment and damage the supervisory relationship (Gray, Ladany, & Walker, 1999) and should be minimized and eliminated as much as possible. In this regard, experts estimate that positive experiences occur approximately 62% of the time while negative experiences occur 21% of the time. Thus, it appears that more research and training is warranted in an effort to facilitate more positive and effective supervision.

Experts are generally guided by theory in providing supervision and the stated theory of choice for many at this point is developmental. Further evidence for the influence of developmental models in supervision comes from experts citing Stoltenberg et. als (1997) book on developmental models as the most endorsed reading for supervisors. This may be somewhat controversial since it appears that there is still disagreement at this point regarding whether empirical support is available to support developmental models. Ellis and Ladany (1997) in their critical review of the literature on research related to developmental models state that much of the research so far has been flawed and therefore suspect. Others have strongly argued that research support is mounting to support tenets of developmental models (Stoltenberg, McNeill,

& Crethar, 1994; Watkins, 1995b; Worthington, 1987).

As far as desired outcomes, experts suggest that professional development and supervisee skill improvements are the most important outcomes. It is of interest to note that positive client outcomes were the third most important outcome at 16%. Yet, it appears that one of the most important reasons for professional development and improved skill would be to improve client outcomes (Holloway & Neufeldt, 1995; Lambert & Ogles, 1997; Stein & Lambert, 1995). Holloway and Neufeldt (1995) made this critical statement in regards to supervision outcome "it is disconcerting that supervisors, who have the responsibility to insure the therapist's competent practice with clients, are perhaps more influenced by the trainee's interpersonal involvement in supervision than their effectiveness with the client" (p. 211). Lambert and Hawkins (2001) stated that client outcomes are "one of the most meaningful tests of the efficacy of clinical supervision" (p.131). In light of these statements about supervision outcomes, we have yet to answer definitively whether the development of specific therapy skills actually affects client outcome. In fact, attempts to standardize skills and treatment protocols through manuals suggest some potential harm to client outcomes, such as decreased relationships skills and alliance building, less support, approval, optimism, and increased defensiveness and authoritative behaviors (Henry, Schacht, Strupp, Butler, & Binder, 1993; Henry, Strupp, Butler, Schacht, & Binder, 1993; Rounsaville, Chevron, Weissman, 1984). After reviewing a number of specific therapy models and manualized treatments, Wampold, Ahn, and Coleman (2001), citing Wampold (2001) concluded "It appears that adherence to a manual (or even use of a manual) is unrelated to [therapy] outcome" (p. 269). Thus, it is yet unclear how skill development and outcomes are related. Ladany, Ellis, & Friedlander (1999) suggested that common factors "may play a more significant role in the outcome of supervision than any specific approaches or

techniques" (p. 447). These common factors may include such things as the supervisory working alliance.

When experts were asked what areas need further investigation, understanding desired supervision outcomes received the most endorsements. Additionally, experts indicated that a balance should be maintained in supervision between focusing on process versus outcome. As stated earlier, little has been done to date on how to address and measure outcomes as related to supervision. Thus, as noted by Holloway and Neufeldt (1995) it appears that the role of supervision outcomes needs further clarification, and that measuring those outcomes is still problematic. For example, the following research questions may take us in that direction: "What is the relationship between desired and expected skill development in supervisees and client outcomes?" And "What skills are related to therapy outcomes?" New procedures that incorporate client outcome data into supervision, such as the one proposed by Lambert and Hawkins (2001) may prove to have a significant impact on the practice of supervision and lead to outcome driven supervisory practices, without sacrificing attention to supervision and therapy processes. The supervision outcomes we focus on will influence the purposes, goals, and operating procedures of supervision and therefore should be clearly articulated.

The second most frequently indicated area for further investigation was that of multicultural and diversity counseling competence. This has received increased attention in recent supervision research (Aponte & Johnson, 2000; Helms & Cook, 1999; McNeill, Hom, & Perez, 1995). It appears that the most common methods to strengthen these competencies are direct education, discussion of these issues in supervision, and self-exploration. Perhaps more use can be made of multicultural and diverse supervisors and consultants as well.

This study identified the most commonly occurring ethical issues in supervision as

experienced by experts. This study found that those issues related to client welfare were rated as the most prevalent concerns. However, it did not examine frequency or impact on supervision. In a recent study, Ladany, Lehrman-Waterman, Molinaro, and Wolgast (1999), found that "47% of the variance in the perceived supervisory working alliance can be accounted for by supervisors' ethical adherence to ethical practice in supervision guidelines" (p. 466). This suggests that attention to ethical practice in supervision and modeling of ethical behavior can have a significant impact on the quality of supervision experienced.

In regards to evaluating effective supervision, it appears that the experts struggle with the task of evaluation. The literature experts mentioned a few formal instruments, but the training experts cited none. Most instruments used were of the in-house variety and seemed to vary from satisfaction measures to more specific measures of particular skills. Evaluation procedures included observing tapes, giving feedback, and assessing client outcomes. These findings suggest that there is a genuine need to develop refined instruments and procedures along with policies that encourage and establish as standard practice the need for evaluation. In regards to this finding, one of the practices identified by experts leading to negative supervision experiences was "neglecting the authority role," which included avoiding evaluation. More attention to and training in the task of evaluation in supervision is clearly warranted. This is especially critical given the findings of Lehrman-Waterman and Ladany (2001) that indicate that effective evaluation procedures can strengthen the supervisory relationship, which seems to enhance supervisory outcomes. Previous studies have also shown that effective evaluation can lead to good supervisory experiences (Allen et al, 1986; Henderson, Cawyer, & Watkins, 1999).

In summary, effective supervision according to the experts consists of a good working alliance, an attitude of serious commitment to supervision, science informed practice, clearly

articulated tasks and procedures, and attention to developmental level. There also needs to be more attention to the continued training of effective supervisors, developing multicultural counseling competence, clarity in regard to desired outcomes, effective evaluation instruments and methods to evaluate those outcomes, and a commitment to informed ethical practice.

The results of the present study are consistent with previous investigations and conceptualizations based on supervisors' and supervisees' perspectives that emphasized the central role of the supervisory relationship (e.g., Shanfield et al., 1992; Worthen & McNeill, 1996; Watkins, 1995a), attention to supervisory tasks (e.g., Kennard et al., 1998), and structural variables (e. g., Kenfield & McCarthy, 1994) in effective supervision. It points to the need for further investigation of evaluation methods, attention to client outcome in supervision, multicultural supervision procedures, and more effective training of supervisors.

It appears that a primary goal of effective supervision should be the development of a facilitative supervisory relationship characterized by empathy, warmth, trust, mutual respect, and flexibility. This goal is supported by an investigation by Shanfield, Mohl, Matthews, and Hetherly (1992) in which supervisor empathy accounted for 72% of the variance in rater-perceived excellence of supervisors. While this goal may appear self-evident and has been echoed by other researchers, previous research (e.g., Galante, 1988), as well as the current study of experts continues to document a high percentage of negative supervision events. Consequently, we believe that more emphasis should be placed on the supervisor-supervisee relationship including a study of the critical factors in creating healthy relationships, developmental influences, and the learning outcomes of such relationships. As initially suggested by Loganbill, Hardy, and Delworth (1982), perhaps the supervisory relationship is essential in supervision analogous to the importance of the psychotherapeutic relationship as a

necessary base for all later interventions.

Our results are subject to the usual limitations of survey methodology including sample ranges and size. The length and design (i.e., many open-ended questions) of the survey likely played a role in a lower return rate. However, our a priori decision was that the tradeoff in return rate would be worth the type of rich qualitative data that would be generated in this broad global survey. As such, the results yielded by the present study of experts further adds to the growing literature on the training and supervision of psychotherapists and counselors in pointing to future directions for theory and research into supervision processes and outcomes.

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Table 1

Recommendations for Effective Supervision

Content Themes and Sub Themes	Definition	Examples	% Responses (N = 152)
Attend to the Relationship - Safe and nonthreatening working alliance (15.13%) - Balance of challenge and support (13.16%)	Creating a supervisory relationship that creates an optimal learning environment	Holding environment, core facilitative conditions, trusting and respectful relationship	28.3%
Supervision Stance - Openness (5.92%) - Take seriously (3.95%) - Inspire (2.63%) - Other (8.55%)	Attitude towards supervision, supervisee and self	Come prepared, take seriously, acknowledge limitations, nondefensiveness, modeling effective behavior, humility regarding the growth process, encourage wonder	21.1%
Tasks - Provide positive and constructive feedback	The focal activities of supervision designed to facilitate desired	Keep client welfare in mind, help supervisee develop own orientation,	19.1%

(6.58%) - Needs assessment (5.92%) - Observe work (3.95%) - Other (2.63%)	outcomes	direct observation, understand supervisee needs, provide feedback	
Procedural* - Establish objectives (7.24%) - Clarify expectations (3.29%) - Discuss theoretical approach (2.63%)	Establishing the parameters, objectives, expectations, and procedures of supervision	Establish goals early, communicate clear ground rules, attend to professional development as well as clinical skills, set appropriate boundaries	13.8%
Think Developmentally	View supervision and supervisees as having different needs depending on level of experience and conceptual ability	Tailor the supervision to the level of the supervisee, recognize developmental stages, think in terms of development	9.9%
Supervision Perspective	Approaching supervision as a distinct learning endeavor	Think like a supervisor, know the supervision literature, decide on a model to follow, good clinician does not	7.9%

	necessarily make a good supervisor, be aware of parallel process

* = Training experts were over twice as likely to note these items than literature experts.

Table 2

Common Problems Leading to Negative Supervision Experiences

Content Themes and Sub Themes	Definition	Examples	% Responses (N = 151)
Supervisor Issues - Style (20.53%) - Don't invest (5.96%) - Lack of training (5.30%)* - Impairment (3.31%)+	The way the supervisor operates leads to negative experiences	Over controlling, dogmatic, lack of training, not following a model, not committed, too busy, unresolved issues, abuse of power	38.4%
Supervisee Issues - Non learning attitude (7.95%) - Style (5.30%) - Impaired (3.31%)	Supervisee characteristics lead to negative experiences	Inability or unwillingness to receive feedback, resistant to new learning, lack of patience, argumentative, rigid adherence to a certain theory, unresolved issues, easily offended	19.2%
Mismatch - Personality/style (7.95%) - Theoretical (3.97%)	Conflicts that arise from a difference in approach and do not come from	Personality conflicts that are not dealt with, interpersonal difficulties, clash of world views,	14.6%

	impairment, yet are not transcended	differing theoretical orientations	
Unsafe Environment - Too critical (3.31%) - Supervision and therapy blurring (2.65%)	Environment experienced as threatening, disrupting learning	Overly critical, no positive working alliance, not safe to reveal, power struggles, supervision therapy lines crossed	11.9%
Neglecting Authority Role - Unclear expectations (6.62%)* - Avoiding evaluation (5.30%)*	Avoiding or minimizing the need for some type of structure and evaluation	Not discussing evaluation, fears of evaluation not discussed, not setting expectation for evaluation, role expectations unclear, tacit assumptions, no objectives or agenda	11.9%
Environmental Influences	The setting or context leads to negative experiences	Not an agency priority, institutional interference, lack of organization in how assigned and performed	3.3%

* = Training experts identified these items almost three times more frequently than literature experts.

+ = Only one training expert identified, while four literature experts identified these items.

Table 3

Ten Most Recommended Supervision Readings

Recommended Readings	Percent Endorsing
Stoltenberg, C. D., McNeill, B. W., & Delworth, U. (1997). IDM: An integrated developmental model for supervising counselors and therapists. San Francisco: Jossey-Bass Publishers.	37.7 (N = 20)
Bernard, J. M., & Goodyear R. K. (1998). Fundamentals of clinical supervision (2nd. ed). Boston: Ally and Bacon.	28.3 (N = 15)
Loganbill, C., Hardy, E., & Delworth U. (1982). Supervision: A conceptual model. Counseling Psychologist, 10 (1).	15.1 (N = 8)
Watkins, C. E., Jr. (Ed.) (1997). Handbook of psychotherapy supervision. New York: Wiley.	9.4 (N = 5)
Skovholt, T. M., & Ronnestad, M. H. (1). The evolving professional self: Stages and themes in therapist and counselor development. New York: Wiley.	7.6 (N = 4)
Hess, A. H. (Ed.) (1980). Psychotherapy supervision: Theory, research, and practice. New York: Wiley.	5.7 (N = 3)
Holloway, E. L. (1995). Clinical supervision: A systems approach. Thousand Oaks, CA: Sage.	5.7 (N = 3)
Pope-Davis, D. B., & Coleman, H. L. (Eds.) (1997). Multicultural counseling competencies: Assessment, education and training, and supervision. Thousand Oaks, CA: Sage.	5.7 (N = 3)

Russell, R. K., Crimmings, A. M., & Lent, R. W. (1984). Counselor training and supervision: Theory and research. In S. D. Brown & R. W. Lent (Eds.), Handbook of counseling psychology (pp. 625-681). New York: Wiley.	5.7 (N = 3)
Loganbill, C., Hardy, E., & Delworth U. (Eds.). (1982). Supervision in counseling I [Special issue]. Counseling Psychologist, 10 (1).	5.7 (N = 3)

Table 4

Most important outcomes of effective supervision

Content Themes and Sub Themes	Definition	Examples	% Responses (N = 150)
Professional development - confidence (10.67%) - growth (8.67%) - professional identity/generativity (8.67%) - continuous learning orientation (4.67%)	Developing confidence in their professional role, while maintaining an orientation towards continuous learning	A sense of self-efficacy, confidence, enhanced autonomy, growth as a clinician and professional, faith in the profession, motivated for a career in psychology, healthy respect for their power, openness to new ideas	32.7%
Supervisee's skills improve (competence)	Cognitive and/or behavioral skills are improved leading to more effective interventions	Enhanced skills, conceptualizes more effectively, improved ability to work, better insight, increased clinical judgement, improved relationship skills	26.7%
Positive client outcomes	The client is impacted in a positive manner	Client improves, client learns something, client is	16.0%

		satisfied, client well-being is safe-guarded, reduction in symptoms, clients keep appointments	
Increased self-awareness• - self supervising (4.67%) - self as therapeutic tool (4.67%) - knowing self (2.67%)	Focus on self-monitoring, knowledge of motives, intents, and self as part of the system and learning to use self as a therapeutic tool	Ability to reflect and track own work, know when over head and refer, understanding "blind spots" and countertransference, learning more about self	14.7%
Other		Supervisee satisfaction, depends on stage of development, become more process oriented, boundaries maintained, accomplishing training goals	9.3%

• = Training experts were twice as likely to generate these items than literature experts.

Appendix

Survey of Supervision Beliefs and Practices

You have been identified as an expert in supervision and this survey is designed to elicit your thoughts and beliefs regarding the practice of psychotherapy/counseling supervision.

1. Identify the three most important recommendations you would make to supervisors about providing effective supervision?

2. What would you say are the 3 most common problems that lead to negative supervision experiences? How often do you think they occur by percentage of supervision dyads?

3. What are the three (or more) most important readings (i.e., books, articles, chapters, papers, etc.) you would recommend to supervisors?

4. What were the two most important influences (e.g., courses, books, supervisors, mentors, etc.) in your development as a supervisor?

5. What are three areas/topics of supervision that we know too little about?

6. What are the two most common ethical issues that you find yourself addressing in the supervision you provide?

7. What are two things that you do to increase multicultural counseling competencies in the supervisees that you supervise?

8. Is supervision as currently practiced more of an art or science? (Circle the number that best represents your opinion)

   Art 1 2 3 4 5 6 7 8 9 10 Science

9. Should supervision ideally be practiced more as an art or science? (Circle the number that best represents your opinion)

   Art 1 2 3 4 5 6 7 8 9 10 Science

10. To what degree are you guided by a theory/model in providing supervision?

    None 1 2 3 4 5 6 7 8 9 10 Completely

    If you are guided by theory/model, what theory guides your supervision?

11. What theory or model of supervision might be recommended to guide the beginning supervisor?

12. Have you ever had a negative experience as a supervisee? Y N
If yes, approximately how many negative experiences?

13. What percent of supervision experiences, overall, do you think are positive, negative, or neutral?
Positive _____%

Negative _____%

Neutral _____%

14. Is it more important to focus on therapeutic process (i.e., conceptualization, relationship issues, etc.) or therapeutic outcomes in supervision (i.e., symptom reduction, is the client reporting improvement, etc.)?

Process 1 2 3 4 5 6 7 8 9 10 Outcome

15. What would you say are the three most important outcomes of effective supervision?

16. What is the most effective way to evaluate the effectiveness of supervision?

17. What procedures or instruments would you recommend for evaluating supervision?

19. Sex: ☐ Female ☐ Male

20. Minority Status: ☐ African American ☐ Asian Heritage ☐ Hispanic
☐ Native American ☐ Pacific Islander ☐ Other _____
☐ Multi-Ethnic ☐ European-American

21. Did you graduate from an APA approved program? ☐ Y ☐ N If yes, check one:
Clinical Psychology ___ Counseling Psychology ___ Other ___

22. How many years have you been providing supervision?

23 Approximately how many supervisees have you supervised?

23. Have you had a class in supervision? Y N

24. Have you taught a class in supervision? Y N